STATE OF INDIANA INDIANA DEPARTMENT OF NATURAL RESOURCES DIVISION OF RECLAMATION

BONDING EVALUATION FACTOR SHEET

IC 14-36-1

Per Acre Basis (Please Type or Print)

| Operator | :: | Date: |
|----------------|-------------|--|
| Mine and | d/or Pit: _ | Permit #: |
| \$2,500 () | (1) | <u>Previous Compliance:</u> i.e., if the operator has violated any of the provisions of IC 14-36-1. |
| \$750 () | (2) | <u>Business Structure:</u> i.e., if the operator has not been conducting a mining related business for more than three (3) years under the same name. |
| \$2,000 | (3) | <u>Previous Surface Mining Experience:</u> i.e., if the operator has less than three (3) years surface mining experience under IC 14-36-1. |
| \$500 () | (4) | Depth of Overburden: i.e., if the average depth of the overburden is greater than fifty (50) feet. |
| \$1,000 () | (5A) | <u>Surface Mining Method:</u> i.e., if the operator uses exclusively dozers and/or frontend loaders for overburden removal. |
| \$250 () | (5B) | If the operator removes a coal seam that is twenty-four (24) inches or less (only if 5A applies). |
| \$500 () | (6) | Size of Proposed Operations: i.e., if the operator submits an application for twenty-five (25) acres or less. |
| \$250 () | (7) | Geological Formation: i.e., if the overburden is composed of more than thirty (30) percent consolidated materials such as: limestone, sandstone and shales or a combination thereof. |
| \$1,000 () | (8) | <u>Attachable Real Property and Other Assets:</u> i.e., if the operator does not have attachable real property or other assets within the State of Indiana. |
| \$250 () | (9) | If the operator does not plan to separate unconsolidated materials and replace those materials on the surface of the graded affected areas. |
| | (10) | Other factors relative to the operator's ability to accomplish the intent of IC 14-36-1. |
| Factor S | Summary | CENTRAL OFFICE USE ONLY |
| 1 | | EVALUATION TOTAL AMOUNT. |
| 3 | | EVALUATION TOTAL AMOUNT: BONDING AMOUNT RECOMMENDED: |
| 4. | | |
| 5. | | |
| | | |
| | | |
| 8 | | |
| 9 | | NAME: |
| 10. | | Director, Division of Reclamation |

| If ye | Subcontractor) Yes s, then: | | the Permittee? |
|-------|--|--|---------------------|
| | Name, Address, Telephone Number | and Responsible Official of the Sub | bcontractor: |
| | Name of Company: | | |
| | Address: | | |
| | | | |
| | Telephone #: | | |
| | Responsible Official: | | |
| | Responsible Official. | | |
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